



Jersey Care
Commission

INSPECTION REPORT

26-28 West Park Avenue

Care Home Service

**26-28 West Park Avenue
St Helier
JE2 3PJ**

12 and 13 June 2024

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity, and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of 26-28 West Park Avenue. The service is situated in the parish of St Helier, on a residential street. It is a five-minute walk from the town centre and the nearest beach. Additionally, there is a park and green space nearby.

The service is provided across two-period properties next door to each other. While the two buildings are separate, they are considered one registered care home environment.

Both properties have nine residential beds in total. One house has four bedrooms, along with communal areas, domestic facilities, and a bathroom. The second house features five self-contained units and a communal lounge.

The home's Statement of Purpose highlights that the aim of the service "*is to provide a follow-on program for individuals who have graduated from Silkworth Lodge. Offering them a bridge to normal living with a staged integration into society*".

In addition, the service offers a short-term residential setting for individuals who wish to complete an alcohol detox but do not have suitable accommodation. One self-contained unit is allocated for this purpose.

The detox facility is coordinated by the Drug and Alcohol team (provided by the Alcohol & Drug Service, Health and Community Services). Some clients using the detox service may choose to receive rehabilitation treatment at Silkworth Lodge. The two services collaborate to assess suitability post-detox and arrange the transfer to Silkworth Lodge.

Due to no lift access to the upper floors where clients' bedrooms are located, the home can only accommodate clients that do not have mobility problems that would prevent them from climbing the stairs.

This report will refer to the people using this service as "clients", in accordance with the Statement of Purpose for the service, which also describes the service users as "clients".

Regulated Activity	Care Home
Mandatory Conditions of Registration	Type of care: Personal support Category of care: Substance misuse (drugs and/or alcohol) Maximum number of care receivers: 9 Maximum number in receipt of personal support: 9 Age range of clients: 18 years and above
Dates of Inspection	12 & 13 June 2024
Times of Inspection	09:00- 12:30 & 15:30-16:30
Type of Inspection	Announced
Number of areas for improvement	No areas for improvement
Number of care receivers accommodated on the day of the inspection	7

The Care Home is operated by Families in Recovery Trust, and a Registered Manager is in place.

Since the last inspection on 30 June 2023, there have been no changes or updates to the service's registration.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The Regulation Officer visited the service on the second day of the Silkworth Lodge inspection. The service serves as the step-down facility to Silkworth Lodge, with both operating in tandem. This was facilitated by the Registered Manager who oversees both services. A referral pathway and management oversight link the two services. The staff team work across both sites; sharing all HR processes, policies and procedures.

The inspection was positive, with no areas identified for improvement. The Registered Manager and staff members fully participated in the inspection process. Requests for information, including policies, processes, and records, were promptly addressed. Additionally, some staff members provided feedback about working for the service.

Clients transitioning to this secondary service will continue to receive support from the therapeutic team at Silkworth for ongoing counselling. As part of their ongoing recovery journey, clients must continue to receive and actively engage in therapeutic support with the team at Silkworth, group therapy sessions, and other support groups in the community.

A support worker is present each night in the facility. Since clients are mostly out during the day pursuing work and attending support groups, for example, the presence of a support worker is only sometimes required. This need is assessed daily.

Health and safety checks, including required fire procedures, were found to be up to date and in order. This provides reassurance that the facility's environment is operating safely.

Clients who have undertaken treatment at Silkworth Lodge have the opportunity to move into the secondary residential facility. The service supports the transition from intensive rehabilitation treatment to everyday living.

The staff team encourages clients residing at the facility to seek employment opportunities, attend work and social activities, and commit to attending therapeutic appointments.

One self-contained bedsit within the facility continues to be reserved for clients who require a detoxification programme. The detox programme remains under the supervision of the Drug and Alcohol team.

When clients' care is transferred from Silkworth Lodge to the secondary service, their records are also transferred. Due to fewer direct interventions, the amount of documentation is reduced.

The service has been updating some of its policies and procedures. This includes introducing a revised online handbook for staff members and a new operational manual.

Ongoing employment checks are being improved to ensure that staff remain suitable to work in the service, thereby ensuring the safety of those using the facility.

INSPECTION PROCESS

This inspection was announced to ensure the Registered Manager would be available to facilitate the process. Three days' notice was given to the Registered Manager. The inspection was completed over one visit to the facility on 12 June, and further discussions with the Registered Manager and a client were held at Silkworth Lodge on 13 June 2024.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed. This included the previous inspection report from 30 June 2023, notifications received since the last inspection, any complaints or feedback made to the service, and any other correspondence from or about the service.

The Regulation Officer collected feedback from two clients engaging with the service at the time of the inspection.

They also had discussions with the service's management and several team members. Additionally, feedback was provided by two professionals external to the service.

¹ The Care Home and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

During the inspection process, records, including policies, care records, staff rotas, and other documentation relating to the service's governance and management, were examined.

At the conclusion of the inspection, the Regulation Officer provided verbal feedback to the Registered Manager; this was followed up in writing once the inspection had been fully completed.

This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow-up on this visit.

Is the Service Safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The service operates by providing a low level of support, emphasising clients' independence in their ongoing recovery. The therapeutic team, who have worked closely with clients for up to twelve weeks before the transition, conduct the assessment for suitability for transfer into this secondary care setting. Consequently, a thorough assessment is undertaken to ensure suitability before any admission. One client currently accessing the service reported that they have been made to feel that *"my care and safety are paramount"*.

The recruitment process for staff members is well-structured and includes safe practices to verify their suitability.

Staff undergo a mandatory induction program, which supports them in demonstrating the core competencies needed for client service delivery. This program includes shadowing opportunities during a protected period. Feedback from a selection of staff members confirmed that they had received an induction period and had felt well-supported throughout it.

Improvements are being made to ongoing employment safety checks to ensure that staff remain suitable for their roles. This will support the safety of the clients accessing the service.

Policies and procedures are in place to ensure the home environment is properly maintained, with routine health and safety checks. This includes fire safety procedures and Legionella testing. The Regulation Officer confirmed that these processes are being followed satisfactorily.

There is no direct medication administration in the home due to the independence and autonomy of clients. Locked storage boxes are available in each room for clients who have daily medications. Clients are encouraged to use these safe storage options, outlined in the house contract.

Is the service effective and responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The suitability of transferring a client to the secondary service is assessed by the therapeutic team and the Registered Manager in collaboration with the client. This assessment considers the client's circumstances and needs to ensure that the secondary provision is appropriate for them.

The Registered Manager reported that only a small number of clients from Silkworth Lodge transition to the secondary provision. The service offers flexibility regarding the duration of the residential support; however, it aims to promote complete independence. Therefore, clients are supported to move on from the facility once they have secured accommodation and feel emotionally prepared for the next step.

A weekly meeting called 'House Group' is held between the clients and the Registered Manager to address any concerns and highlight positive events from the past week. During the meeting, the Registered Manager also shares information about new clients who will be joining the facility in the upcoming week.

The rules and structure remain consistent with Silkworth Lodge, ensuring the continuation of the therapeutic programme. This includes duties such as taking responsibility for the cooking and cleaning of the properties; this is designed to support independence also.

Support staff will provide guidance on navigating housing, employment, and benefit applications if needed by the clients.

Additional feedback received from some of the clients assessing the service during the inspection:

"The service more than met my expectations."

"The staff get it."

"Someone from the staff team is always available for a conversation and to give advice."

"They (referring to the staff team) have been incredible to me."

"The rules and boundaries of the programme are made clear from the initial outset, the rules are completely justified, and support the programme's success."

Is the service caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

Clients are supported in transitioning into the facility from Silkworth Lodge. This is planned in advance, and the staff team facilitates a gradual move.

Clients who require access to the detoxification programme are managed by the Alcohol and Drugs team, who provide the detox programme and supervision of this.

Staff members work across both services. Support workers are available on-site during the day if needed, though this is not always necessary when clients are out completing their daily activities. A staff member is available on-site throughout the night, and additionally, an on-call system ensures that the Registered Manager or a senior team member is reachable in emergencies. One client stated that *“There is always someone available, either on-site or on the phone”*.

One professional stated that clients who have used the facilities at West Park have reported that they liked being there, and that the staff team tailored the care and support to their needs.

Shared kitchen facilities are provided, and the service offers food for three meals a day. Clients are expected to take responsibility for preparing and cooking daily meals. A pre-prepared weekly menu is collectively planned to facilitate this. Support staff encourage this routine activity to promote independence and support good nutrition.

Several individuals share the home, which provides a less supervised environment. Each client signs a contract to ensure a shared understanding of their commitment to the programme, including adherence to the house rules of the secondary provision. Feedback from a client demonstrated their understanding of the rules. They reported that they are clear about the commitment expectations of the programme and the associated rules, that they feel that they are *“completely justified, and they support the success of the programme”*.

A professional working alongside the service reported that placement availability is good, and clients accessing this additional support have benefited from it in their recovery journey.

Is the service well-led?

Evaluating the effectiveness of the service leadership and management.
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The Registered Manager is highly familiar with the service and possesses an excellent understanding of the recovery programme. The skills and experience that the whole team bring to the service allow them to deliver the service confidently.

The staff members confirmed that the Registered Manager provides them with quarterly supervision. A monthly team meeting has been introduced, and staff reported that they appreciate the opportunity to get together with team members they don't often see, such as those opposite shifts or at another site.

The service has engaged an independent Human Resource (HR) consultancy to review its policies, procedures, and other governance documents. This collaboration has already resulted in revising the staff handbook, which is now available online, and a new operational manual is in progress. While the recruitment process currently remains the responsibility of the Registered Manager, there are plans for the HR consultancy to take over this task with input from the Registered Manager. This change will allow the manager to focus more on the service's development and other operational duties.

The Registered Manager reported that there have been no complaints for this service since the last inspection. The service shares the same complaints procedure as Silkworth Lodge. The Registered Manager is currently reviewing this procedure to ensure additional oversight from the Provider for complaints requiring more input than the Registered Manager can provide.

The Registered Manager ensures safe recruitment processes are followed before commencement of employment. Recruitment files of recently employed team members were reviewed, and all essential documents were in place before their employment commenced. Additionally, staff received an induction consistent with the Care Home Standards, with records indicating that their competencies were reviewed, and their performance monitored and assessed.

The service has a core set of policies and procedures for the staff team to refer to. The Registered Manager has acknowledged that specific current policies and procedures require amendments to reflect changes in practice and ensure best practices are followed.

Feedback from some of the staff team regarding the management of the service included:

“The Manager is open to listen to ideas.”

“Xxx is always available, the support is there when needed.”

“I like my supervision, it feels supportive.”

IMPROVEMENT PLAN

There were no areas of improvement identified during this inspection.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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